Long Term Care Facility: Emergency Plan

The Long Term Care (LTC) facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

LTC: Policies and Procedures

The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

1. The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:
   i. Food, water, medical, and pharmaceutical supplies.
   ii. Alternate sources of energy to maintain—
      A. Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
      B. Emergency lighting;
      C. Fire detection, extinguishing, and alarm systems; and
      D. Sewage and waste disposal.

"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned..."

- Federal Register, 9/16/2016

In This Issue

The Long Term Care Facility Special Edition

Previous issues of the Ready Reader available at http://www.kdheks.gov/cphp/providers.htm

LTC: Policies and Procedures cont.

2. A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.
3. Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
4. A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.
5. A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.
6. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during and emergency.
7. The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.
8. The role of the LTC facility under a waiver declared by the Secretary of HHS, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

LTC: Communication Plan

The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

1. Names and contact information for the following:
    i.   Staff
    ii.   Entities providing services under arrangement
    iii. Residents' physicians
    iv.   Other LTC facilities
    v.   Volunteers
2. Contact information for the following:
    i.   Federal, State, tribal, regional or local emergency preparedness staff
    ii.   The State Licensing and Certification Agency
    iii. The Office of the State Long-Term Care Ombudsman
    iv.   Other sources of assistance
3. Primary and alternate means for communicating with the following:
    i.   LTC facility's staff
    ii.   Federal, State, tribal, regional, and local emergency management agencies.
4. A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.
5. A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510 (b)(1)(ii).
6. A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4).
7. A means of providing information about the LTC facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.
8. A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.

LTC: Training and Testing

The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually.

LTC: Training and Testing cont.

1. Training program. The LTC facility must do all of the following:
    i. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
    ii. Provide emergency preparedness training at least annually.
    iii. Maintain documentation of the training.
    iv. Demonstrate staff knowledge of emergency procedures.
2. Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:
    i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise from 1 year following the onset of the actual event.
    ii. Conduct an additional exercise that may include, but is not limited to the following:
        A. A second full-scale exercise that is community-based or individual, facility-based.
        B. A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
    iii. Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

Emergency and Standby Power Systems

The LTC facility must implement emergency and standby power systems based on the emergency plan.
1. Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, ITA 12-4, TIA 12-5, and TIA 12-6). Life Safety Code (NFPA 101 and Tentative Interim Amendments ITA 12-1, TIA, 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when existing structure or building is renovated.
2. Emergency generator inspection and testing. The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.
3. Emergency generator fuel. LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.

Integrated healthcare systems

If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
2. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
3. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
4. Include a unified and integrated emergency plan that meets the requirements above. The unified and integrated emergency plan must also be based on and include:
    i. A documented community-based risk assessment, utilizing an all-hazards approach.
    ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
5. Include integrated policies and procedures that meet the requirements set forth above, a coordinated communication plan and training and testing programs that meet the requirements above.

Clarifications on Definitions

All-Hazards Approach: An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food. Rather than managing planning initiatives for a multitude of threat scenarios all-hazards planning focuses on developing capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. Thus, all-hazards planning does not specifically address every possible threat but ensures those hospitals and all other providers and suppliers will have the capacity to address a broad range of related emergencies

Business Impact Analysis (BIAs) are a method of identifying and evaluating the effects various threats/ hazards may have on the ability of an organization to perform its essential functions and the resulting impact of those effects. It is through the BIA that organizations can identify problem areas (gaps, weaknesses, vulnerabilities) and in turn, organization leadership may use the BIA results to support risk management decision making.

Emergency/Disaster: An event that can affect the facility internally was well as the overall target population or the community at large.

Emergency Preparedness Program: The Emergency Preparedness Program is a facility's comprehensive approach to meeting the health and safety needs of their patient population and provides facilities with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters. It includes (1) all-hazards risk assessment and emergency planning, development and implementation of policies and procedures, a communication plan, and training and testing. The program as a whole consists of the Emergency Plan, which is based on the four core elements.

17 Provider Types

There are 17 provider types that are affected by this rule. They are:

- Hospitals

- Religious Nonmedical Health Care Institutions

- Ambulatory Surgical Centers

- Hospices

- Psychiatric Residential Treatment Facilities

- Programs of All-Inclusive Care for the Elderly

- Transplant Centers

- Long-Term Care Facilities

- Intermediate Care Facilities for Individuals with Intellectual Disabilities

- Home Health Agencies

- Comprehensive Outpatient Rehabilitation Facilities

- Critical Access Hospitals

- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech -Language Pathology Services

- Community Mental Health Centers

- Organ Procurement Organizations

- Rural Health Clinics and Federally Qualified Health Centers

- End-State Renal Disease Facilities

Clarification of Definitions continued

Emergency Plan: An emergency plan is one part of a facility's emergency preparedness program and provides the framework which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing patient needs along with the continuity of business operations. Additionally, a plan will support, guide and ensure a facility's ability to collaborate with local emergency preparedness officials.

Facility-Based: When discussing the terms "all-hazards approach" and facility-based risk assessments, we consider the term "facility-based" to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and ''boots on the ground'' response (for example, firefighters decontaminating mock victims).

Hazard Vulnerability Assessments (HVAs) are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. The HVA describes the process by which a provider or supplier will assess and identify potential gaps in its emergency plan(s).
Potential loss scenarios should be identified first during the risk assessment. Once a risk assessment has been conducted and an facility has identified the potential hazards/risks they may face, the organization can use those hazards/risks to conduct a Business Impact Analysis.

Risk Assessment: This is general terminology that is within the emergency preparedness regulations and preamble to the Final Rule (81 Fed. Reg. 63860, Sept. 16, 2016) which describes a process facilities are to use to assess and document potential hazards within their areas and the vulnerabilities and challenges which may impact the facility. Additional terms currently used by the industry are all-hazards risk assessments are also referred to as Hazard Vulnerability Assessments (HVAs) , or all-hazards self-assessments. For the purposes of these guidelines, we are using the term "risk assessment," which may include a variety of current industry practices used to assess and document potential hazards and their impacts.
This guidance is not specifying which type of generally accepted emergency preparedness risk assessment facilities should have, as the language used in defining risk assessment activities is meant to be easily understood by all providers and suppliers that are affected by this final rule and is aligned with the national preparedness system and terminology (81 Fed. Reg. 63860, at 63875). However, facilities are expected to conduct a full assessment of hazards based on geographical location and the individual facility dynamics, such as patient population.

Staff: The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Social Security Act.

Clarification on Definitions

Table-top Exercise (TTX): A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Nursing Home Incident Command System

Through the leadership of the California Association of Healthcare Facilities (CAHF), this guidebook and its toolkit were developed to provide nursing home and other long⬜term care facilities with the planning and response guidance to refine their emergency management programs through the use of a nursing home incident command system. This guidebook utilizes materials developed in the 2006 HICS revision project along with the nursing home ICS guidance developed by the State of Florida Health Care Association. In addition, the best practices identified by the Center for HICS Education and Training were used in the research and development of these materials In the year following the release of NHICS in California, the American Health Care Association Disaster Preparedness Committee accepted the task of integrating the Florida Health Care Association NHICS Job Action sheets and Incident management team chart into CAHF's NHICS materials in an effort to improve the national applicability of the materials. The result of their hard work is reflected in this 2011 edition of the NHICS Guidebook.

NHICS is intended to be used by nursing homes and other long⬜term care facilities regardless of size or resident care capabilities, and to assist with their emergency planning and response efforts for all hazards. By embracing the concepts of incident command design outlined in NHICS, a nursing home is positioned to be consistent with NIMS and to participate in a system that promotes national standardization in terminology, response concepts, and procedures.

Find the Nursing Home Incident Command System planning document at https://www.ahcancal.org/facility_operations/ disaster_planning/Documents/ NHICSGuidebook_Final2011.pdf.

Contact Us

KDHE Health Facilities
P—785.296.0131
Jim.Perkins@ks.gov

KDHE Preparedness
P-785.296.7100
KDHE.Preparedness@ks.gov

Kansas Division of Emergency Management
Bryan.D.Murdie.nfg@mail.mil

Kansas Department on Aging and Disability Services
Denise.German@ks.gov

Office of the State Fire Marshal
Brenda.McNorton@ks.gov

Kansas Hospital Association
P– 785.276.3125
rmarshall@kha-net.org

Kansas Home Care Association
P– 785.478.3640
khca@kshomecare.org

Centers for Medicare & Medicaid Services
victoria.vachon@cms.hhs.gov

State ADA Coordinator
P– 785.296.1389
Anthony.Fadale@ks.gov

Kansas Health Care Association
P– 785.267.6003
khca@khca.org